

How to use your 2004 HealthSelect Wellness Incentive Awards

Health club attendance

After enrollment, members who pay membership dues at a health club or gym and work out at least eight times per month are eligible to receive a \$75 incentive award every six months. Information included on certificate must be accurate and verifiable by Employee Health Initiatives Division.

How it works:

Use the Health Club Attendance Certificate located on page 37 of the member handbook or print from the Maricopa County Electronic Business Center. Fill out the member and health club information at the top of the form. When you visit the health club for your workout, have a staff member sign and date the corresponding boxes. When all six months have been completed (minimum of eight workouts per month), make a copy of the form for your records and submit the original form to Employee Health Initiatives Division, who will process your \$75 incentive award once they have verified your attendance with your health club or gym.

Childhood immunizations

Members who take their children to a HealthSelect contracted physician to obtain the recommended childhood immunizations for their covered children (ages 0-2) are eligible to receive a \$30 gift certificate. Information included on certificate must be accurate and verifiable by Employee Health Initiatives.

How it works:

Have your HealthSelect contracted physician sign and date the Immunization Certificate when your child's immunizations are completed for his/her birth year. Submit the completed certificate to Employee Health Initiatives Division. Once the information has been verified with your child's physician, your \$30 incentive award will be processed.

Wellness screenings

Members who visit a HealthSelect contracted physician to complete the following wellness screenings are eligible to receive a \$30 gift certificate. The gift certificates are limited to one of each type of screening per member, per benefit year:

- Pap smear test (women 18 and older)
- Mammogram (women 40 and older)
- Annual physical exam (males age 40 and older)

How it works:

Have your HealthSelect contracted physician sign and date the Wellness Screening Certificate when you complete each screening. Use a separate form for each screening. Submit the completed Wellness Screening Certificate to Employee Health Initiatives Division. Once the information has been verified with your physician's office, your \$30 incentive will be processed.

Health education classes

Members who have a specific health condition (asthma, diabetes, etc.) or wish to stop smoking can attend a health education class or a smoking cessation program to improve their health status. The class(es) can be sponsored by a Maricopa County/MIHS entity or a non-profit agency. Members who successfully complete the class(es) are eligible to receive a \$30 incentive award.

How it works:

Have the class presenter fill out the information on the Health Education Certificate, including his/her name and start and end dates of the class. When the certificate is completed, submit to Employee Health Initiatives Division. Once the information has been verified with the agency/presenter of the class, your \$30 incentive will be processed.

If you have any questions about the HealthSelect Wellness Incentive Program, please call the Employee Health Initiatives Division at 602-506-1010. The address is 301 West Jefferson St., Suite 201, Phoenix AZ 85003.



2004 Health Club Attendance Certificate

HealthSelect Member Name

Member I.D. Number

Member Address

City/State

Zip

Phone Number

Name of Health Club

Phone Number

MEMBER: Please insure the information submitted on the certificate is accurate! HealthSelect must verify this workout schedule with your health club.

HEALTH CLUB STAFF: Please sign and date to signify completion of each workout by the member.

CALENDAR MONTH 1

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

CALENDAR MONTH 2

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

CALENDAR MONTH 3

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

CALENDAR MONTH 4

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

CALENDAR MONTH 5

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

CALENDAR MONTH 6

Workout 1	Workout 2	Workout 3	Workout 4	Workout 5	Workout 6	Workout 7	Workout 8

SUBMIT THIS COMPLETED CERTIFICATE TO:

Employee Health Initiatives Division
Benefits Office
301 West Jefferson St., Suite 201
Phoenix, AZ 85003

Once the information on your workout schedule has been verified with your health club, you are eligible to receive the HealthSelect \$75 incentive award for active use of your health club.

You may receive additional forms by contacting the Employee Health Initiatives Division at 602-506-1010



2004 Wellness Activities Certificate of Completion

MEMBER: Please insure that information below is accurate. Information will be verified with the applicable physician's office, wellness educator, or non-profit smoking cessation agency.

HealthSelect Member Name			Member I.D. Number
Member Address	City/State	Zip	Phone Number
Name of Physician			Phone Number

PHYSICIAN: Please sign and date to certify member's completion of the wellness activities.

Pap smear test for women age 18 and older

Signature of Physician or X-ray Technician	Date of Procedure
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Mammogram for women age 40 and older

Signature of Physician or X-ray Technician	Date of Procedure
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Annual physical exam for men age 40 and older

Signature of Physician or X-ray Technician	Date of Procedure
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HEALTH EDUCATOR OR SMOKING CESSATION COORDINATOR (MIHS OR NON-PROFIT AGENCY): Complete the information below to confirm Member's successful class completion. Class must address Member's health status (family members who attend for support are not eligible for an incentive).

Agency Name/Signature	Contact Name/Phone #	Date Program Completed
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SUBMIT THIS COMPLETED CERTIFICATE TO:

Employee Health Initiatives Division
Benefits Office
301 West Jefferson St., Suite 201
Phoenix, AZ 85003

Once the submitted information has been verified, you are eligible for a \$30 gift certificate for each of the wellness activities documented.

You may receive additional forms by contacting the Employee Health Initiatives Division at 602-506-1010



2004 Childhood Immunization Certificate of Completion

HealthSelect Member Name			Member I.D. Number
Child's Name			Child's Birth date
Member Address	City/State	Zip	Phone Number
Name of Physician			Phone Number

***To be eligible to receive this incentive,
your covered child must be between the ages of 0 and 5.***

The information on this certificate will be verified with the physician's office.

PHYSICIAN: Please sign and date to indicate that the above named child has received all of the recommended immunizations for his/her age during calendar year 2004.

I certify that the child named above is 5 years old or younger and has received all of the recommended immunizations for calendar year 2004.

Signature of Physician	Date
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SUBMIT THIS COMPLETED CERTIFICATE TO:

Employee Health Initiatives Division
Benefits Office
301 West Jefferson St., Suite 201
Phoenix, AZ 85003

Once the submitted information has been verified, you will be eligible for a \$30 gift certificate for making the healthy decision to see that your child's immunizations are up to date.

You may receive additional forms by contacting the Employee Health Initiatives Division at 602-506-1010.